## BESI AVALLAGES CONV

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/535539

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
11.5	NATIONAL	STAGE FEES	(Colum	in 1)	T	(Column 2)	۱ ۱		<del></del>	7 ,		<del>                                     </del>
_		SINGETELS			<del> </del>		1	RATE	FEE	]	RATE	FEE
	SIC FEE		SMALL ENT.		<u> </u>	GE ENT. = \$ 300	]	BASIC FEE	150	OR	BASIC FEE	·
EXA	AMINATION FE	:E	Satisfies PCT A (4) = \$ 50	0 / <b>\$</b> 100 `´	\$	other situations = \$ 100 / \$ 200		EXAM. FEE	100	1	EXAM. FEE	
-	ARCH FEE	•	U.S. is ISA = \$ ALL other cou \$ 200 / \$	ountries =	Allott	other situations = \$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE	
FEE	FOR EXTRA S	SPEC. PGS.	min	nus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
тот	TAL CHARGEA	BLE CLAIMS	14 mi	inus 20 =	*		1 [	X \$ 25 =		OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	1 n	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	<del></del>
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT				1	+ \$ 180 =		OR	+ \$ 360 =	<b></b>
* If	the difference	e in column 1 is l	less than zero	o, enter "(	0" in cc	olumn 2	l L	TOTAL	450	OR	TOTAL	<del> </del>
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						(Column 3)	, <sub>F</sub>	SMALL ENTITY		OR	OTHER T	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
]	FIRST PRES	SENTATION OF M	IULTIPLE DEPI	ENDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
							l : ==	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Oalumn 1)		(2-ha)	*.	- · •		- 1 to 1 t			,	
_		(Column 1)	T	(Colum		(Column 3)			- =.	, L		
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=	[	X \$ 100 =		OR	X \$ 200 =	<del></del>
	FIRST PRES	SENTATION OF MI	ULTIPLE DEPF	ENDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
_							T	TOTAL ADDIT. FEE		OR .	TOTAL ADDIT. FEE	
								-			ree L	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.